

# RESIDENTIAL OWNER/OCCUPANT PLUMBING PERMIT APPLICATION

PERMIT NUMBER _____	PLM _____ - _____
<b>A. LOCATION OF PLUMBING ACTIVITY:</b>  ADDRESS: _____ <div style="text-align: center;">NUMBER   N-E-S-W   STREET NAME   APT #</div> IF THIS BUILDING HAS MULTIPLE ADDRESSES:  LOWEST NUMBER _____ HIGHEST NUMBER _____	<b>F. PLUMBING CODE:</b>  _____ 1) INDIANA PLUMBING CODE  _____ 2) INDIANA RESIDENTIAL CODE
<b>B. <u>OWNER/OCCUPANT</u> OF THE PROPERTY:</b>  NAME: _____  ADDRESS : _____  <div style="text-align: center;">CITY                      STATE                      ZIP CODE</div> TELEPHONE NO. (_____) _____	<b>G. VALUE OF WORK:     \$ _____</b>
<b>C. USE OF STRUCTURE: (CHECK ONE)</b>  <div style="display: flex; justify-content: space-between;"> <span>_____ 1) ONE FAMILY</span> <span>_____ 2) TWO FAMILY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>_____ 3) MULTI-FAMILY</span> <span>_____ # OF UNITS (must be 8 or less)</span> </div>	<b>H. STATE DESIGN RELEASE NUMBER: _____</b>
<b>D. TYPE OF WORK: (CHECK ONE)</b>  _____ 1) ADDITION  _____ 2) CONNECTION / RECONNECTION OF A RELOCATED STRUCTURE  _____ 3) NEW INSTALLATION IN A NEW STRUCTURE  _____ 4) REPAIR / ALTERATION / REMODEL  _____ 5) REPLACE / INSTALL WATER HEATER  _____ 6) RESIDENTIAL ACCESSORY STRUCTURE  _____ 7) RESIDENTIAL ADDITION  _____ 8) UNDERSLAB ONLY  SCOPE OF WORK _____	<b>I. STRUCTURAL PERMIT NUMBER STR _____ - _____</b>
<b>E. WILL ANY ELECTRICAL WORK BE ACCOMPLISHED UNDER THIS PERMIT?</b>  _____ YES                      _____ NO	<b>J. STRUCTURAL PERMIT FEE:     \$ _____</b>
	<b>K.</b>  <input type="checkbox"/> DO YOU OWN THE PROPERTY WHERE THE WORK IS TO BE PERFORMED?  _____ YES                      _____ NO  <input type="checkbox"/> DO YOU RESIDE AT THE PROPERTY WHERE THE WORK IS TO BE PERFORMED?  _____ YES                      _____ NO (If you do not reside at the property, a licensed Plumbing contractor must obtain the permit)  <input type="checkbox"/> ARE YOU FAMILIAR WITH THE PLUMBING RELATED BUILDING CODES?  _____ YES                      _____ NO  <input type="checkbox"/> LIST EVERYONE THAT WILL BE ASSISTING YOU WITH THE PLUMBING WORK.  _____
	I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.   <div style="display: flex; justify-content: space-between;"> <div>             _____              APPLICANT SIGNATURE           </div> <div>             _____              DATE           </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>             _____              APPROVED BY           </div> <div>             _____              DATE           </div> </div>